

APPLICATION DATA SHEET

10/590695

APPLICATION INFORMATION

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|--------------------------|---|
| Application Type:: | REGULAR |
| Subject Matter:: | UTILITY |
| CD-ROM or CD-R?:: | NONE |
| Title:: | METHOD AND SYSTEM FOR AUTOMATED LOCATION DEPENDENT PROBABILISTIC TROPICAL CYCLONE FORECAST |
| Attorney Docket Number:: | 295211US28PCT |
| Total Drawing Sheets:: | 22 |

INVENTOR INFORMATION

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| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Switzerland |
| Status:: | FULL CAPACITY |
| Given Name:: | David |
| Middle Name:: | N. |
| Family Name:: | BRESCH |
| City of Residence:: | Birmensdorf |
| Country of Residence:: | Switzerland |
| Street of Mailing Address:: | Risigrundstrass 6 |
| City of Mailing Address:: | Birmensdorf |
| Country of Mailing Address:: | Switzerland |
| Postal or Zip Code of Mailing Address:: | CH-8903 |
| Applicant Authority Type:: | INVENTOR |
| Primary Citizenship Country:: | Germany |
| Status:: | FULL CAPACITY |
| Given Name:: | Pamela |
| Family Name:: | HECK |
| City of Residence:: | Liestal |
| Country of Residence:: | Switzerland |
| Street of Mailing Address:: | Froburgstrasse 1a |
| City of Mailing Address:: | Liestal |
| Country of Mailing Address:: | Switzerland |
| Postal or Zip Code of Mailing Address:: | CH-4410 |

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Germany
 Status:: FULL CAPACITY
 Given Name:: Gerry
 Family Name:: LEMCKE
 City of Residence:: Rye
 State or Province of Residence:: New York
 Country of Residence:: United States
 Street of Mailing Address:: 60 Reymont Ave.
 City of Mailing Address:: Rye
 State or Province of Mailing Address:: New York
 Country of Mailing Address:: United States
 Postal or Zip Code of Mailing Address:: 10580

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

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|------------------|----------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | National Stage of | PCT/EP04/050981 | 06/01/04 |
| PCT/EP04/050981 | Continuation-in-Part | 10/787,791 | 02/26/04 |

FOREIGN PRIORITY INFORMATION

ASSIGNMENT INFORMATION

Assignee Name:: Swiss Reinsurance Company
 Street of Mailing Address:: Mythenquai 60
 City of Mailing Address:: Zurich
 Country of Mailing Address:: Switzerland
 Postal or Zip Code of Mailing Address:: CH-8002